NPDES FORM 3510-6



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH
INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT

FORM Approved OMB No. 2040-0004

Permit Information

Master Permit Number: MAR050000

NPDES ID: MAR053284

Eligibility Information

State/territory where your facility is discharging: MA

Does your facility discharge to federally recognized Indian Country lands? No

Are you a "Federal Operator" as defined in Appendix A (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-appendix_a_-_definitions.pdf)? No

Which type of form would you like to submit? Notice of Intent (NOI)

By indicating "Yes" below, I confirm that I understand that the MSGP only authorizes the stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.2.2. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.2.1. and 1.2.2. will be discharged, they must be covered under another NPDES permit.

Yes

Are you a new discharger or a new source as defined in Appendix A (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-appendix_a_-_definitions.pdf)? No

- → Have stormwater discharges from your facility been covered previously under an NPDES permit? Yes
 - → If yes, provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP or the NPDES permit number if you had coverage under an EPA individual permit:

 MAR053284
- Are you discharging to any waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding National Resource water)? (See Appendix L (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-_appendix_I_-_list_of_tier_3_tier_2_and_tier_2.5_waters.pdf))

What is the legal name of the Operator as defined in Appendix A (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-_appendix_a_-_definitions.pdf)?
PROLERIZED NEW ENGLAND COMPANY, LLC

What is the name of your facility or activity as defined in Appendix A (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-_appendix_a_-_definitions.pdf)? SCHNITZER NORTHEAST

Operator Information

Operator Information

Operator Name: PROLERIZED NEW ENGLAND COMPANY, LLC

Operator Mailing Address

Address Line 1: 69 Rover Street

Address Line 2: City: Everett
ZIP/Postal Code: 02149 State: MA

County or Similar Division: Middlesex

Operator Point of Contact Information

First Name Middle Initial Last Name: Keri Fitzpatrick-Beck

Title: Regional Environmental Manager

Phone: 781-706-7003 Ext.:

Email: kfitzpatrick@schn.com

NOI Preparer Information

 $\ensuremath{ arphi }$ This NOI is being prepared by someone other than the certifier.

First Name Middle Initial Last Name: Kristina Richard

Organization: Woodard & Curran

Phone: (800) 985-7897 **Ext.**:

Email: krichards@woodardcurran.com

Facility Information

Facility Information

Facility Name: SCHNITZER NORTHEAST

Facility Address

Address Line 1: 69 ROVER STREET

Address Line 2:

ZIP/Postal Code: 02149

State: MA

City: EVERETT

County or Similar Division: Middlesex

Latitude/Longitude for the Facility

Latitude/Longitude: 42.39023°N, 71.06237°W

Latitude/Longitude Data Source: Map

Horizontal Reference Datum: WGS 84

General Facility Information

What is the ownership type of the facility? Corporation

Estimated area of industrial activity at your facility exposed to stormwater (rounded to the nearest quarter acre): 30

Is your facility presently inactive and unstaffed? $\underline{\text{No}}$

Exception for Inactive and Unstaffed Facilities: The requirement for indicator monitoring, impaired waters monitoring, and/or benchmark monitoring does not apply at a facility that is inactive and unstaffed, as long as there are no industrial materials or activities exposed to stormwater.

If circumstances change during the permit term that affect your qualifications for this exception to monitoring requirements (i.e. industrial materials or activities exposure to stormwater or your facility's active/inactive and staffed/unstaffed status) you must submit a NOI notifying EPA of the change in circumstances.

Sector-Specific Information

Primary Sector: \underline{N}

Primary Subsector: N1

Primary SIC Code: 5093

Discharge Information

By indicating "Yes" below, I confirm that I understand that the MSGP only authorizes the stormwater discharges in Part 1.2.1 and the allowable non-stormwater discharges listed in Part 1.2.2. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the authorized stormwater and non-stormwater discharges listed in Parts 1.2.1 and 1.2.2 will be discharged, they must be covered under another NPDES permit.

Yes

Other Discharge Information

Does your facility discharge into a Municipal Separate Sewer System (MS4)? No

Receiving Waters Information

List all of the stormwater discharge points from your facility.

Discharge Point 001: Single discharge point for stormwater discharge after treatment in a series of onsite stormwater treatment units

Applicable Sectors

Select the Sectors/Subsector(s) that apply to this discharge point.

	Sector	Subsector	SIC/Activity Code	
∀	N - SCRAP RECYCLING FACILITIES	N1 - Scrap Recycling and Waste Recycling Facilities except Source-Separated	5093	

Federal Effluent Limitation Guidelines:

Identify the Effluent Limitation Guideline(s) that apply to your stormwater discharges.

There are no guidelines associated with the sector(s) selected in this discharge point.

Are you requesting permit coverage for any stormwater discharges subject to effluent limitation guidelines? No

Latitude/Longitude: 42.388785°N, 71.062114°W

 $\hfill \square$ This discharge point is Substantially Identical to an existing discharge point.

Receiving Water

GNIS Name: Mystic River Waterbody Name: MYSTIC RIVER

Listed Water ID: MA71-03

Is this receiving water saltwater or freshwater? Saltwater

Is this receiving water designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water)?

No

Will you have stormwater discharges from paved surfaces that will be initially sealed or re-sealed with coal-tar sealcoat where industrial activities are located during coverage under this permit? No

Benchmark Monitoring

Are you subject to benchmark monitoring requirements for a hardness-dependent metal? $\underline{\text{No}}$

Impaired Waters Monitoring

NOTE: The information automatically populated in this section may be outdated and inaccurate (i.e. determining if the receiving water is listed as impaired on the 303(d) list, the cause(s) of the impairment if impaired, the pollutant(s)). It is recommended that you consult with your state's guidance for discharges into impaired waters to determine whether the receiving water is listed as impaired and, if so, the correct causes for the impairment and pollutant(s), and update the information accordingly.

Massachusetts Impaired Waters (IW) information and required monitoring parameters available at:

https://www.mass.gov/lists/integrated-lists-of-waters-related-reports (https://www.mass.gov/lists/integrated-lists-of-waters-related-reports) and the sum of the su

https://www3.epa.gov/region1/npdes/stormwater/assets/pdfs/msgp-2021-part-425-parameters-ma.pdf (https://www3.epa.gov/region1/npdes/stormwater/assets/pdfs/msgp-2021-part-425-parameters-ma.pdf)

Where the Massachusetts monitoring guidance identifies one or more monitoring parameters that are different than the identified pollutant causing the impairment, indicate the monitoring parameter(s) as the pollutant(s) causing the impairment in the table below (select Yes for "Is the receiving water listed as impaired on the 303(d) list?" to display the pollutant table).

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? $\underline{\text{Yes}}$

Cause of Impairment Group	Pollutant
AMMONIA	Nitrogen, ammonia, tot unionized [as N]
PATHOGENS	Coliform, fecal general
OTHER CAUSE	Particulates, floating, dry weight
OIL AND GREASE	Oil & Grease
ORGANIC ENRICHMENT/OXYGEN DEPLETION	Oxygen, dissolved percent saturation
TASTE, COLOR, AND ODOR	Odor [Threshold Number]
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]

Has a TMDL been completed for this receiving waterbody? No

SWPPP Information

Has the SWPPP been prepared in advance of filling this NOI, as required? Yes

SWPPP Contact Information:

First Name Middle Initial Last Name: Keri Fitzpatrick-Beck

Phone: 7818731663 **Ext.:**

Email: kfitzpatrick@schn.com

SWPPP Availability:

Your current SWPPP or certain information from your SWPPP must be made available through one of the following three options. Select one of the options and provide the required information.

Note: you are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp__appendix_a_-_definitions.pdf)) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

☐ Option 1: Attach a current copy of your SWPPP to this NOI.

☑ Option 2: Maintain a Current Copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

 \Box Option 3: Provide the following information from your SWPPP:

Endangered Species Protection Worksheet: Criterion C2

The following questions will help you determine your eligibility under Part 1.1.4 of the permit with respect to protection of Endangered Species Act (ESA) species and critical habitat(s). Please refer to Appendix E (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-_appendix_e_-_procedures_relating_to_endangered_species_protection.pdf) of the 2021 MSGP for important information regarding your obligations under this permit concerning ESA-protected species and critical habitat(s).

Determine ESA Eligibility Criterion

Are your industrial activities already addressed in another operator's valid certification of eligibility for your "action area" under eligibility criteria A, C, D, or E of the 2021 MSGP? No

Are your industrial activities the subject of a permit under section 10 of the ESA by the USFWS and/or NMFS, and this authorization addresses the effects of your facility's discharges and discharge-related activities on ESA-listed species and critical habitat?

No

You must determine whether species listed as either threatened or endangered under the Endangered Species Act, and/or their critical habitat are located in your facility's action area. ESA-listed species and critical habitat are under the purview of the NMFS and the USFWS.

Determine Your Action Area

Your "action area" (as defined in Appendix A (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-_appendix_a_-_definitions.pdf)) includes all areas to be affected directly or indirectly by the action and not merely the immediate area involved in the action, including areas beyond the footprint of the facility that are likely to be affected by stormwater discharges, discharge-related activities, and authorized non-stormwater discharges. You must select and confirm that all the following are true:

In determining my "action area", I have considered that discharges of pollutants into downstream areas can expand the action area well beyond the footprint of my facility and the discharge point(s). I have taken into account the controls I will be implementing to minimize pollutants and the receiving waterbody characteristics (e.g. perennial, intermittent, ephemeral) in determining the extent of physical, chemical, and/or biotic effects of the discharges. I confirm that all receiving waterbodies that could receive pollutants from my facility are included in my action area.

True

In determining my "action area", I have considered that discharge-related activities must also be accounted for in determining my action area. I understand that discharge-related activities are any activities that cause, contribute to, or result in stormwater and authorized non-stormwater point source discharges, and measures such as the siting, construction, and operation of stormwater controls to control, reduce, or prevent pollutants from being discharged. I understand that any new or modified stormwater controls that will have noise or other similar effects, and any disturbances associated with construction of controls, are part of my action area.

True

Provide a written description of your action area and explain your rationale for the extent of the action area drawn on your map. Click here for an example.

The action area for Schnitzer's stormwater discharge is the same as the action area identified during the previous 2015 MSGP review. The action area extends from the outfall in the Mystic River 0.297 square miles. The action area reflects the approx imate distance at which the discharge waters and any pollutants would be expected to cause potential adverse effects to list ed species and/or critical habitat. The action area extends to Mystic River's confluence to Island End River. The action area was limited to Mystic River and does not extend to the Boston Harbor because the subject property implements BMPs in addit ion to a stormwater treatment system to minimize pollutants in the discharge. Because the size of the action area relative to the receiving water body is significantly smaller, pollutants are likely to be diluted to a negligible concentration beyon d the Mystic River.

Attach a map of the action area for your facility. Mapping tool IPaC (the Information, Planning, and Consultation System) located at http://ecos.fws.gov/ipac/ (https://ecos.fws.gov/ipac/) or click here (/net-msgp/documents/action_area_example.pdf) for an example.

Name	Uploaded Date	Size
▲ Action Area Map Schnitzer Everett 2021 MSGP.pdf (attachment/704439)	03/18/2021	81.06 KB

Determine if ESA-listed species and/or critical habitat are in your facility's action area.

ESA-listed species and critical habitat are under the purview of the NMFS and the USFWS, and in many cases, you will need to acquire species and critical habitat lists from both federal agencies.

National Marine Fisheries Service (NMFS)

To obtain NMFS-listed species and critical habitat information, use the resources listed below:

General Resources:

NOAA Fisheries, Regions Page (https://www.fisheries.noaa.gov/regions)

For the Northeastern U.S.:

NOAA Fisheries Greater Atlantic Region ESA Section 7 Mapper (https://noaa.maps.arcgis.com/apps/webappviewer/index.html?id=1bc332edc5204e03b250ac11f9914a27)

For Puerto Rico:

- Acropora critical habitat map (https://www.fisheries.noaa.gov/resource/map/acropora-elkhorn-and-staghorn-coral-critical-habitat-map-and-gis-data)
- Green turtle critical habitat map (https://www.fisheries.noaa.gov/resource/map/green-turtle-critical-habitat-map-and-gis-data)
- Hawksbill Turtle critical habitat map (https://www.fisheries.noaa.gov/resource/map/hawksbill-turtle-critical-habitat-map-and-gis-data)

Western U.S.

West Coast Region Protected Resources App (https://www.webapps.nwfsc.noaa.gov/portal/apps/webappviewer/index.html?id=7514c715b8594944a6e468dd25aaacc9)

Pacific Islands: • Contact the Pacific Islands Regional Office at (808) 725-5000 or pirohonolulu@noaa.gov (mailto:pirohonolulu@noaa.gov)

I have checked the webpages listed above and confirmed that: There are NMFS-listed species and/or critical habitat in my action area.

 $For \ NMFS \ species, include the full \ printout \ from \ the \ Species \ Directory \ with \ the \ correct \ Region \ selected.$

Name	Uploaded Date	Size
♣ NMFS NOAA Fisheries New England Mid Atlantic Threatened and Endangered Species List.pdf (attachment/706425)	04/14/2021	197.14 KB

U.S. Fish and Wildlife Service (USFWS)

To obtain FWS-listed species and critical habitat information, use the resources listed below

- IPaC (the Information, Planning, and Consultation System) (https://ecos.fws.gov/ipac/)
- For instructions for using IPaC, click here.

I have checked the webpages listed above and confirmed that: There are no FWS-listed species and/or critical habitat in my action area.

You may be eligible under **Criterion C.** You must assess whether your discharges and discharge-related activities are likely to adversely affect ESA-listed species or critical habitat, and whether any additional measures are necessary to ensure no likely adverse effects. In order to make a determination of your facility's likelihood of adverse effects, you must complete the Criterion C Eligibility fields below.

Criterion C Eligibility

Select which applies:

Criterion C2: Facility eligible for Criterion C in the 2015 MSGP with <u>changes</u> to ESA-listed species, critical habitat, or action area. Your facility was eligible for Criterion C in the 2015 MSGP, but there have been changes in your facility's action area, and/or there are additional ESA-listed species and/or critical habitat under the jurisdiction of the USFWS and/or NMFS in your action area since your

additional ESA-listed species and/or critical habitat under the jurisdiction of the USFWS and/or NMFS in your action area since your certification under Criterion C under the 2015 MSGP. You must provide a description of the basis of this criterion selected on your NOI form and provide documentation supporting your eligibility determination in your SWPPP.

Select which applies:

I am seeking coverage under the MSGP as an existing discharger and there are no modifications to my facility.

Provide a description of the changes in the facility's action area. Enter N/A if not applicable.

NA

Provide the USFWS and/or NMFS resources consulted that helped you determine that additional species and/or critical habitat have been listed/designated by either of the Services in your action area.

The additional NMFS-listed species were identified using the resources described in Appendix E of the MSGP and the NOAA Fish eries Greater Atlantic Region ESA Section 7 Mapper.

What ESA-listed species and/or critical habitat are located in your "action area"?

The following NMFS species are listed as threatened/endangered within the action area:

- 1. Atlantic Sturgeon (Acipenser oxyriynchus oxyriynchus), adult and sub-adult. ESA Status: threatened/endangered. Time of ye ar: year-round.
- 2. Shortnose Sturgeon (Acipenser brevirostrum). ESA Status: endangered. Time of year: 04/01 to 11/30.

Distance in miles between your site and the ESA-listed species and/or critical habitat within the action area: 0

Provide a description of EPA approved measures you will implement or will continue to implement to ensure no likely adverse effects on ESA-listed species and/or critical habitat.

Existing stormwater control measures limit potential adverse hydrological and toxic effects. These controls are consistent w ith MSGP requirements and include an extensive stormwater treatment system utilizing catch basins, stormwater drainage chann els, oil/water separators, a hydrodynamic separator, and a WaterTectonics Wavelonics treatment system. Treated stormwater is stored in an aerated 250,000-gallon holding tank onsite for use in facility dust control measures; treated stormwater in exc ess of 250,000 gallons is conveyed to the Mystic River via a single discharge pipe (Outfall 001). Detailed descriptions of s tormwater control measures are provided in the facility's SWPPP.

Note: Any missing or incomplete information in this section may result in a delay of your coverage under the permit.

Historic Preservation: Criterion A

The following questions will help you determine your eligibility under Part 1.1.5 of the permit with respect to preservation of historic properties. You may still use the paper instructions in Appendix F (https://www.epa.gov/sites/production/files/2021-01/documents/2021_msgp_-_appendix_f_-_procedures_relating_to_historic_properties_preservation.pdf) of the MSGP in advance or in conjunction with answering the questions in this section of the form. For more information about your State Historic Preservation Office (SHPO) or Tribal Historic Preservation Office (THPO), please visit the National Park Service (NPS) websites at:

- State Historic Preservation Office (SHPO) (https://www.nps.gov/subjects/nationalregister/state-historic-preservation-offices.htm)
- Tribal Historic Preservation Office (THPO) (https://www.nps.gov/history/tribes/Tribal_Historic_Preservation_Officers_Program.htm)

Are you an existing facility that is resubmitting for certification under the 2021 MSGP? $\underline{\text{Yes}}$

If you are an existing facility you should have already addressed National Historic Preservation Act (NHPA) issues. To gain coverage under the 2015 MSGP, you were required to certify that you were either not affecting historic properties or had obtained written agreement from the relevant SHPO or THPO regarding methods of mitigating potential impacts.

Will you be constructing or installing any $\underline{\text{new}}$ stormwater control measures? No

You are eligible under Criterion A.

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: Keri A. Beck

Certifier Title:

Certifier Email: kfitzpatrick@schn.com

Certified On: 05/28/2021 3:23 PM ET